

Mineral Area College Course Schedule Form

Term: (Check one)

- Fall
- Spring
- Summer
- Intersession

Please Print

Student ID Number: _____

_____ Year

Name: _____
Last
First
Middle

Address: _____
Number and Street

_____ City State Zip + 4

Home phone: _____ Business phone: _____

Course Schedule for This Semester

Course/ Section	Course Title	Time/Days	Building/ Room	Credits

Total Credits: _____

By signing this form I accept full financial obligation for all current and future charges to my account. I also understand I will be liable for all collection and court costs incurred by MAC in the collection of my balances.

Student Signature: _____

Date: _____

(Signature required for Paper Registration)

Advisor Signature: _____

Date: _____

(Optional for Paper Registration)

Please Note: Signatures are not required for Web Registration

If you have questions about registration, please call 573-518-2130 or e-mail srich@ or lhuffman@mineralarea.edu